



House of Representatives

General Assembly

File No. 143

February Session, 2016

Substitute House Bill No. 5301

House of Representatives, March 23, 2016

The Committee on Children reported through REP. URBAN of the 43rd Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING OPIOID ANALGESIC PRESCRIPTIONS ISSUED TO MINORS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective October 1, 2016*) (a) A prescribing
2 practitioner, as defined in section 20-571 of the general statutes, who is
3 authorized to prescribe controlled substances in schedule II, III, IV or
4 V, shall, prior to issuing the first prescription for an opioid analgesic in
5 a single course of treatment to a patient under the age of eighteen:

6 (1) Review the patient's medical records, including, but not limited
7 to, those maintained in the electronic prescription drug monitoring
8 program established pursuant to section 21a-254 of the general
9 statutes, if available;

10 (2) Assess whether the patient has ever suffered from or currently
11 suffers from a psychiatric disability or substance abuse disorder and
12 whether the patient has taken or is currently taking prescription
13 medication for treatment of such disability or disorder;

14 (3) Discuss with the patient and the patient's parent or guardian the
15 risks of addiction and overdose associated with opioid analgesics and
16 the dangers of taking opioid analgesics with alcohol, benzodiazepines
17 and other central nervous system depressants; and

18 (4) Obtain written consent for the prescription from the patient's
19 parent or guardian on a form that shall be separate from any other
20 document the prescribing practitioner uses to obtain informed consent
21 for other treatment provided to the patient, and maintained in the
22 patient's medical record. Such form shall contain:

23 (A) A statement indicating that the opioid analgesic prescribed has
24 been identified as having a potential for abuse;

25 (B) A statement certifying that the prescribing practitioner discussed
26 with the patient and the patient's parent or guardian the matters
27 described in subdivision (3) of this subsection;

28 (C) The number of refills, if any, authorized by the prescription; and

29 (D) The signature of the patient's parent or guardian and the date of
30 signing.

31 (b) The provisions of this section shall not apply if:

32 (1) The treatment of the patient is associated with or incident to a
33 medical emergency;

34 (2) The treatment of the patient is associated with or incident to
35 inpatient or outpatient surgery;

36 (3) The treatment of the patient is rendered in a hospital, emergency
37 facility, ambulatory surgical center, nursing home, respite care
38 program, residential care facility or freestanding rehabilitation facility,
39 unless the prescribing practitioner maintains a primary office on the
40 premises of the hospital, emergency facility, ambulatory surgical
41 center, nursing home, respite care program, residential care facility or
42 freestanding rehabilitation facility;

43 (4) The prescription is issued at the time of discharge from a
44 hospital, emergency facility, ambulatory surgical center, nursing home,
45 respite care program, residential care facility or freestanding
46 rehabilitation facility; or

47 (5) In the prescribing practitioner's judgment, complying with the
48 requirements of this section would be a detriment to the patient's
49 health, safety or welfare.

50 (c) For the purposes of this section, "parent or guardian" means the
51 parent or guardian of a patient under the age of eighteen or, in the case
52 of a patient under the age of eighteen who is an emancipated minor,
53 the patient.

This act shall take effect as follows and shall amend the following sections:		
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Section 1	October 1, 2016	New section
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Statement of Legislative Commissioners:

In Section 1(a)(4)(B), "subdivision (3) of subsection (a) of this section" was changed to "subdivision (3) of this subsection" for accuracy.

KID *Joint Favorable Subst. -LCO*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact: None

Municipal Impact: None

Explanation

This bill, which establishes requirements of practitioners authorized to prescribe opioid analgesics in a single course of treatment to a patient under age 18, does not result in a fiscal impact to the state, or municipalities.

The Out Years

State Impact: None

Municipal Impact: None

OLR Bill Analysis**HB 5301*****AN ACT CONCERNING OPIOID ANALGESIC PRESCRIPTIONS
ISSUED TO MINORS.*****SUMMARY:**

This bill requires practitioners authorized to prescribe Schedules II, III, IV, and V controlled substances (i.e., drugs that are acceptable for medical use but may be abused) to do the following before prescribing an opioid analgesic in a single course of treatment to a patient under age 18:

1. review the patient's medical records, including those maintained in the Department of Consumer Protection's (DCP) electronic prescription drug monitoring program, if available (see BACKGROUND);
2. assess whether the patient is currently suffering from, or has ever suffered from, a psychiatric disability or substance abuse disorder and is taking or has taken medication for the disability or disorder;
3. discuss with the patient and his or her parent or guardian the risks of opioid analgesic addiction and overdose and dangers of taking these medications with alcohol, benzodiazepines, and other central nervous system depressants; and
4. get written consent from the parent or guardian on a separate consent form from those used for other treatment and maintain the form in the patient's record.

If the patient is under age 18 and an emancipated minor, the prescriber must only provide the information about opioid risks to, and obtain written consent from, the patient.

The bill also (1) provides certain exceptions to its requirements and (2) specifies content that must be included in the consent form.

EFFECTIVE DATE: October 1, 2016

EXCEPTIONS

The bill's requirements do not apply if:

1. the patient's treatment is associated with or related to a medical emergency or surgery;
2. the treatment is provided in a hospital, emergency facility, ambulatory surgical center, nursing home, respite care program, or residential care or freestanding rehabilitation facility, unless the prescriber maintains a primary office on such premises;
3. the prescription is issued when the patient is discharged from one of these facilities; or
4. in the prescribing practitioner's judgement, complying with the bill would be detrimental to the patient's health, safety, or welfare.

CONSENT FORM

The consent form required under the bill must contain:

1. statements indicating that the prescribed drug has been identified as having a potential for abuse and certifying that the provider discussed the drug's risks and dangers to all parties required under the bill;
2. the number of refills, if any, the prescription authorizes; and
3. the signature of the required parties and the date of signing.

BACKGROUND

Electronic Prescription Drug Monitoring Program

DCP's electronic prescription drug monitoring program collects and

maintains in a central database prescription data for Schedule II through Schedule V controlled substances dispensed by pharmacies and outpatient pharmacies in hospitals or institutions. Information in the database is available to prescribing practitioners and pharmacists in the treatment of their patients. The program is intended to prevent the drugs' improper or illegal use.

COMMITTEE ACTION

Committee on Children

Joint Favorable

Yea 13 Nay 0 (03/08/2016)